

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/03/2013  
FORM APPROVED  
OMB NO. 0938-0391

45th 7/14/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/30/2013
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NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF MORGAN COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 419 SOUTH KINGSTON STREET WARTBURG, TN 37887
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000 INITIAL COMMENTS

F 280  
SS=D

During the complaint investigation numbers 29380, 30654, 31396, conducted with the recertification survey conducted on May 28, through May 30, 2013, no deficiencies were cited in relation to the complaints under 42 CFR PART 482.13, Requirements for Long Term Care. 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP

The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.

This REQUIREMENT is not met as evidenced by:

Based on medical record review and interview, the facility failed to revise/individualize the care plan for one resident (#93) of forty residents reviewed.

F 000

F 280

- 1) No adverse reactions affecting resident #93 were identified. Resident #93 is no longer at facility as of March 22, 2013 Therefore care plan could not be updated.
- 2) Director of Nursing and Minimum Data Set Coordinator reviewed current assessments for Section B (vision and corrective lenses) of Minimum Data Set (MDS) at 100%. Review of care plans related to vision and corrective lenses at 100%. Director of Nursing and Minimum Data Set Coordinator completed audit on 6/6/13.

June 12, 2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 6/12/13
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 280	<p>Continued From page 1</p> <p>The findings included:</p> <p>Resident #93 was admitted to the facility on August 10, 2012 with diagnoses including Aftercare for Healing Traumatic Fracture of Hip, Alzheimer's Disease, Anxiety State, Dysphagia Hypertension, Senile Dementia and Esophageal Reflux.</p> <p>Medical record review of the Minimum Data Set (MDS) dated October 7, 2012, revealed the resident with impaired vision, able to see large print with corrective lenses.</p> <p>Further medical record review of the MDS dated December 2, 2012 and February 22, 2013, revealed the resident with impaired vision, able to see large print without use of corrective lenses.</p> <p>Medical record review of the Care Plan dated August 10, 2012 and updated on December 10, 2012 and March 4, 2013 revealed "...Sees headlines print and can identify objects with her glasses..."</p> <p>Interview on May 30, 2013, at 8:09 a.m., with the Assistant Director of Nursing and Employee #1, in the MDS office, revealed the resident "would lose or misplace glasses frequently." Further interview revealed the family was aware the resident misplaced and lost the glasses frequently and would take the glasses home.</p> <p>Interview on May 30, 2013, at 8:40 a.m., with Employee #1, in the training room, confirmed "...I should have updated the care plan when she (the resident) stopped wearing the glasses..."</p>	F 280	<p>3) In-service education of the Minimum Data Set Staff by the Director of Nursing regarding update of care plan regarding section B visual impairment after each Minimum Data Set completed to reflect any update. Education completed on 6/6/13. Section B vision and corrective lenses of the Minimum Data Set and Care plan related to Section B will be audited weekly X 12 for all new admissions by the Director of Nursing /Assistant Director of Nursing/ or Staff Development Coordinator to ensure accuracy of the care plan.</p> <p>4) Section B vision and corrective lenses of the Minimum Data Set and Care plan related to Section B will be audited weekly X 12 to ensure care plan is accurate for all new admissions by Director of Nursing or designee. Director of Nursing will review audit and report to Performance Improvement Committee monthly X 3 to ensure accuracy of Care plan for compliance in this area. PI committee is made up of E.D., DON, ADON, RSM, Activities Director, Social Services Director, Dietary Manager, Housekeeping Supervisor, Director of Maintenance, SDC, HIM, Medical Director, Pharmacy Consultant, Psyche Services.</p>

*Y. [Signature]*

*Executive Director*

*6/12/13*

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*Y. L. L.*

*Executive Director*

6/12/13